



*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # ECom 2106-0006

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Building and Trades Permit

Owner's Name: PFWB Church Date: 06/04/2021
Site Address: 1609 Bud Hawkins Rd., Dunn, NC. 28334 Phone: 910-658-7472
Description of Proposed Work: Replacing Pool Deck and adding equipotential grounding

General Contractor Information: Building Cost \$ _____

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ 148.00

Description of Work Installing Pool Equipotential Gnd Service Size: _____ Amps #T-Poles _____

Michael W Pruitt _____ 919-669-0158

Electrical Contractor's Company Name _____ Telephone _____

5136 Swisswood Dr., Raleigh, NC. 27613 _____ AllAboutSod@aol.com

Address _____ Email Address _____

Michael W. Pruitt _____ 8853-L

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

_____	_____
Sprinkler Contractor's Company Name	Telephone
_____	_____
Address	Email Address
_____	_____
Signature of Officer(s) of Corporation	License #

Fire Alarm Contractor Information

_____	_____
Fire Alarm Contractor's Company Name	Telephone
_____	_____
Address	Email Address
_____	_____
Signature of Officer(s) of Corporation	License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.

_____	_____
<i>Michael W. Pruitt</i>	06-04-2021
Signature of Owner/Contractor/Officer(s) of Corporation	Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

_____	_____
Sign w/Title: <i>Michael W. Pruitt</i>	Date: 06-04-2021